for the Southern District of Indiana

K.C., et al.	)	
Plaintiffs,	)	
VS.	)	Cause No: 1:23-cv-595 JPH-KMB
THE INDIVIDUAL MEMBERS OF THE	)	
INDIANA MEDICAL LICENSING BOARD,	)	
et al.	)	
Defendants.	)	

#### SUMMONS IN A CIVIL ACTION

TO:

The Individual Members of the Indiana Medical Licensing Board 402 W. Washington St. #W072
Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/ Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023

BY: Deputy Clerk

Deputy Clerk

Civil Action Number: 1:23-cv-595

## **PROOF OF SERVICE**

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of indi	vidual and title, if any)	
was received by me on (date)	·	
☐ I personally served the summon	s on the individual at (place)	
	on (date)	; or
☐ I left the summons at the individ	lual's residence or usual place of abode wi	ith (name)
	, a person of suitable age an	d discretion who resides there
on (date)	, and mailed a copy to the individual's las	st known address; or
☐ I served the summons on (name	of individual)	, who i
designated by law to accept serv	ice of process on behalf of (name of organ	nization)
	on (date)	; or
☐ I returned the summons unexecu	ited because	; 0
Other (specify):		
My fees are \$for travel	and \$for services, for a	total of \$
I declare under penalty of perjury that th	is information is true.	
Date:		
	Server's Signature	
	Printed name and title	
	Server's address	

Additional information regarding attempted service, etc

for the Southern District of Indiana

K.C., et al.	)	
Plaintiffs,	)	
VS.	)	Cause No: 1:23-cv-595 JPH-KMB
THE INDIVIDUAL MEMBERS OF THE INDIANA MEDICAL LICENSING BOARD,	) )	
et al.  Defendants.	)	

#### SUMMONS IN A CIVIL ACTION

TO: **Executive Director** Indiana Professional Licensing Agency 402 W. Washington St. W072 Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

> Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT, Roger 04/06/2023 Date:

Civil Action Number: 1:23-cv-595

### PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of individual and title, if any)

was received by me or	n <i>(date)</i>	·		
☐ I personally se	erved the summons on the	individual at (place)		
		on (date)		; or
☐ I left the sum	mons at the individual's re	sidence or usual place of abod	e with (name)	
		, a person of suitable ag	e and discretion wh	no resides there,
on <i>(date)</i>	, and m	nailed a copy to the individual'	s last known addre	ss; or
I served the su	ummons on (name of indiv	ridual)		, who is
designated by	law to accept service of p	rocess on behalf of (name of o	rganization)	
		on (date)	; or	
☐ I returned the	summons unexecuted bec	ause		; or
Other (specify				
My fees are \$	for travel and \$	for services, f	or a total of \$	
declare under penalt	y of perjury that this infor	mation is true.		
Date:				
		Server's Signature		
		Printed name and title		
		Server's address		

Additional information regarding attempted service, etc.

for the Southern District of Indiana

K.C., et al.	)	
Plaintiffs,	)	
VS.	)	Cause No: 1:23-cv-595 JPH-KMB
THE INDIVIDUAL MEMBERS OF THE	)	
INDIANA MEDICAL LICENSING BOARD, et al.	)	
Defendants.	)	

### SUMMONS IN A CIVIL ACTION

TO: The Attorney General of the State of Indiana IGCS-5th Floor 302 W. Washington St. Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

		CLERK OF COURT, Roger A.G. Sharne
Date:	04/06/2023	BY: Daniely Habring
_		Deputy Clerk
		TRAN DISTRICT OF THE

Civil Action Number: 1:23-cv-595

### PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of	findividual and title, if any)	
was received by me on (date)	·	
☐ I personally served the sum	mons on the individual at (place)	
	on (date)	; or
☐ I left the summons at the inc	dividual's residence or usual place of abode wit	h (name)
	, a person of suitable age and	discretion who resides there
on (date)	, and mailed a copy to the individual's last	known address; or
☐ I served the summons on (na	ame of individual)	, who is
designated by law to accept	service of process on behalf of (name of organ	ization)
	on (date)	; or
☐ I returned the summons une	executed because	; or
Other (specify):		
My fees are \$for tra	avel and \$for services, for a t	total of \$
I declare under penalty of perjury th	at this information is true.	
Date:		
	Server's Signature	
	Printed name and title	
	Server's address	

Additional information regarding attempted service, etc.

for the Southern District of Indiana

K.C., et al.	)	
	)	
Plaintiffs,	)	
	)	
VS.	)	Cause No: 1:23-cv-595 JPH-KMB
	)	
THE INDIVIDUAL MEMBERS OF THE	)	
INDIANA MEDICAL LICENSING BOARD,	)	
et al.	)	
Defendants.	)	

### SUMMONS IN A CIVIL ACTION

TO: Secretary
Indiana Family and Social Services Administration
402 W. Washington St.
MS 25 W461
IGCS
Indianapolis, IN 46207

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023

BY: Deputy Clerk

Deputy Clerk

Civil Action Number: 1:23-cv-595

### PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l)) This summons for (name of individual and title, if any) was received by me on (date) . I personally served the summons on the individual at (place) \_\_\_\_\_ on (date) \_\_\_\_\_ ; or I left the summons at the individual's residence or usual place of abode with (name) , a person of suitable age and discretion who resides there, on (date) , and mailed a copy to the individual's last known address; or I served the summons on (name of individual) , who is designated by law to accept service of process on behalf of (name of organization) ☐ I returned the summons unexecuted because \_\_\_\_\_\_; or Other (specify): My fees are \$ for travel and \$ for services, for a total of \$ . I declare under penalty of perjury that this information is true. Date: \_\_\_\_\_ Server's Signature Printed name and title

Server's address

Additional information regarding attempted service, etc.